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Bib Data Sheet



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SERIAL NUMBER 09/409,041	FILING DATE 09/29/1999 RULE -	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. WD2-99-030	
APPLICANTS JOHN M. PACKES JR., HAWTHORNE, NY ; JAY S. WALKER, RIDGEFIELD, CT ; DANIEL E. TEDESCO, NEW CANAAN, CT ; STEPHEN C. TULLEY, STAMFORD, CT ; KEITH BEMER, NEW YORK, NY ;					
** CONTINUING DATA ***** <i>None - MC 1/24/02</i>					
** FOREIGN APPLICATIONS ***** <i>None - MC 1/24/02</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/21/1999 ** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>MC - 1/24/02</i>					
Verified and Acknowledged <i>MC - 1/24/02</i> Examiner's Signature _____ Initials _____					
ADDRESS WALKER DIGITAL ONE HIGH RIDGE PARK STAMFORD, CT 06905					
TITLE SYSTEMS AND METHODS TO PROVIDE A PRODUCT TO A CUSTOMER BEFORE A FINAL TRANSACTION TERM VALUE IS ESTABLISHED					
FILING FEE RECEIVED 1728	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/409,041	09/29/99	705	2761	WD2-99-030

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DANIEL E. TEDESCO, NEW CANAAN, CT; STEPHEN C. TULLEY, STAMFORD, CT;
KEITH BEMER, NEW YORK, NY.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CON OF 08/889,503 07/08/97 *No*
WHICH IS A CON OF 09/083,345 05/22/98
WHICH IS A CON OF 09/337,906 06/22/99

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/21/99 ** ~~SMALL ENTITY~~ **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 8
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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TITLE SYSTEMS AND METHODS TO PROVIDE A PRODUCT TO A CUSTOMER BEFORE A FINAL
TRANSACTION TERM VALUE IS ESTABLISHED

FILING FEE RECEIVED \$899	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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